

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11496

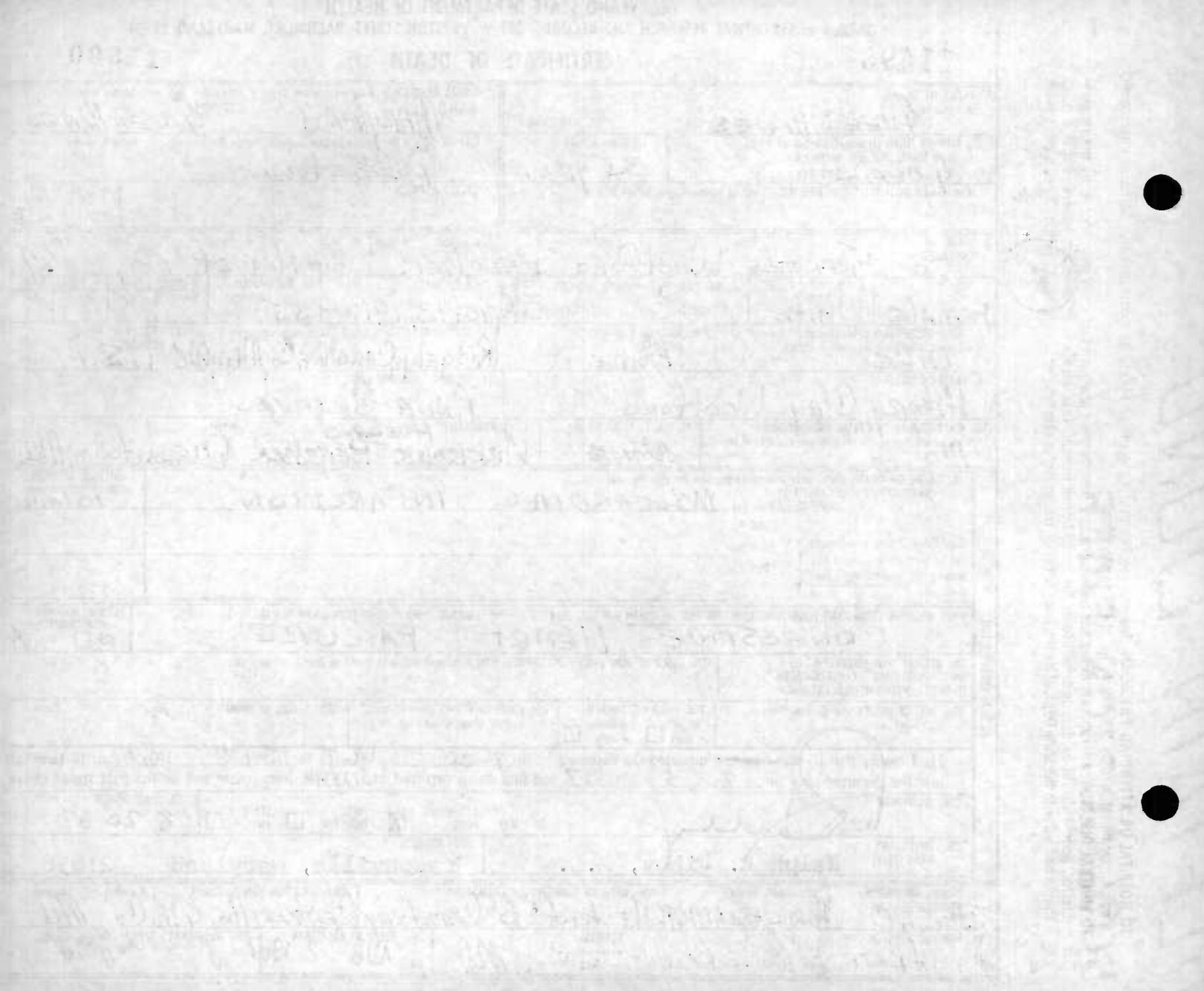
CERTIFICATE OF DEATH

11500

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please return carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in an event of an accident, page 4 should be filed with the hospital or attending physician.

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE'S</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>QUEEN ANNE'S</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>QUEENSTOWN</u>		c. LENGTH OF STAY IN lb <u>35 yrs.</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>QUEENSTOWN</u> 17-1	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <u>FRANCES Woolford Beecher</u>		4. DATE OF DEATH Month <u>August 18</u> , Day <u>1967</u>	
S. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH <u>April 13, 1912</u> 55 9. AGE (In years last birthday) yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (County & State, or foreign country) <u>Ridgely, Caroline Co., Maryland U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Clay Woolford</u>		14. MOTHER'S MAIDEN NAME <u>ANNA GREAVES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Husband</u>		Address <u>Virbrook Beecher Queenstown Md.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) <u>MYOCARDIAL INFARCTION</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>			
4201 DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) <u>CONGESTIVE HEART FAILURE</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. <u>P.M.</u> 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.)
20f. (City or town) <u>Grasonville</u> (County) <u>Caroline Co.</u> (State) <u>Md.</u>			
21. I certify that (I) <u>this hospital</u> attended the deceased from <u>7-20</u> , 19 <u>67</u> , to <u>8-18</u> , 19 <u>67</u> , that (I) <u>(I)</u> last saw the deceased alive on <u>8-13</u> , 19 <u>67</u> , and that death occurred at <u>5:55 AM</u> , from causes and on the date stated above.			
22a. SIGNATURE <u>Ralph E. Libby, M.D.</u>		22b. DATE SIGNED <u>8-20-67</u>	
22c. PHYSICIAN'S NAME (Type) <u>Ralph E. Libby, M.D.</u>		22d. ADDRESS <u>Grasonville, Maryland 21638</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE THEREOF <u>August 21, 1967</u>	
23c. NAME OF CEMETERY OR CREMATORIAL <u>Chestertield Cemetery Centerville, Md.</u>		23d. LOCATION (City or Town) <u>Centerville, Md.</u> (County) <u>O.A.C. Co.</u> (State) <u>Md.</u>	
24. FUNERAL DIRECTOR <u>Jerry H. Barton Jr. - Barton Bros. Centerville, Md.</u>		ADDRESS	
25a. REC'D BY REGISTRAR <u>J. James Judge</u>		DATE <u>AUG 22 1967</u>	
25b. REGISTRAR'S SIGNATURE <u>J. James Judge</u>			



Items 18&21 Film 392 MARYLAND STATE DEPARTMENT OF HEALTH
 9-15-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
 Item #1b & d & 2c & d Film #G392 9/6/67 ph

11501

FOR STATE
HEALTH DEPT

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.
 5 may be retained for your files.

1. PLACE OF DEATH o. COUNTY Queen Anne MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Md. b. COUNTY Queen Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Centreville	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester 17.1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) private residence		d. STREET ADDRESS RFD	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED First Cannon Middle Cadlett		4. DATE OF DEATH Month 8 Doy 29 Year 1967	
S. SEX Male Negro		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY NONE	
13. FATHER'S NAME Archie Cadlett		11. BIRTHPLACE (State or foreign country) N. Carolina 12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 237-22-0089 17. INFORMANT Address Lillie Terrell Raleigh, N. Carolina	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 Due to Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH ?		DUE TO Generalized arteriosclerosis with narrowing of coronary arteries Years	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Name, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input checked="" type="checkbox"/> ACTUAL SIGNATURE C.R. Layton MD M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> 22. DATE SIGNED 1/30/67			
EXAMINER'S NAME (Type) C.R. Layton, M.D.		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> Address (Street, city, town, or county) Centreville, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 9-3-67	23c. NAME OF CEMETERY OR CREMATORIAL TALLY-HO CEMETERY
24. FUNERAL DIRECTOR G.H. Dashiell		ADDRESS Easton, Md.	
25a. REC'D BY REGISTRAR DATE AUG 31 1967		25b. REGISTRAR'S SIGNATURE Charles Judge	

9001-22-1

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

15M 4-64

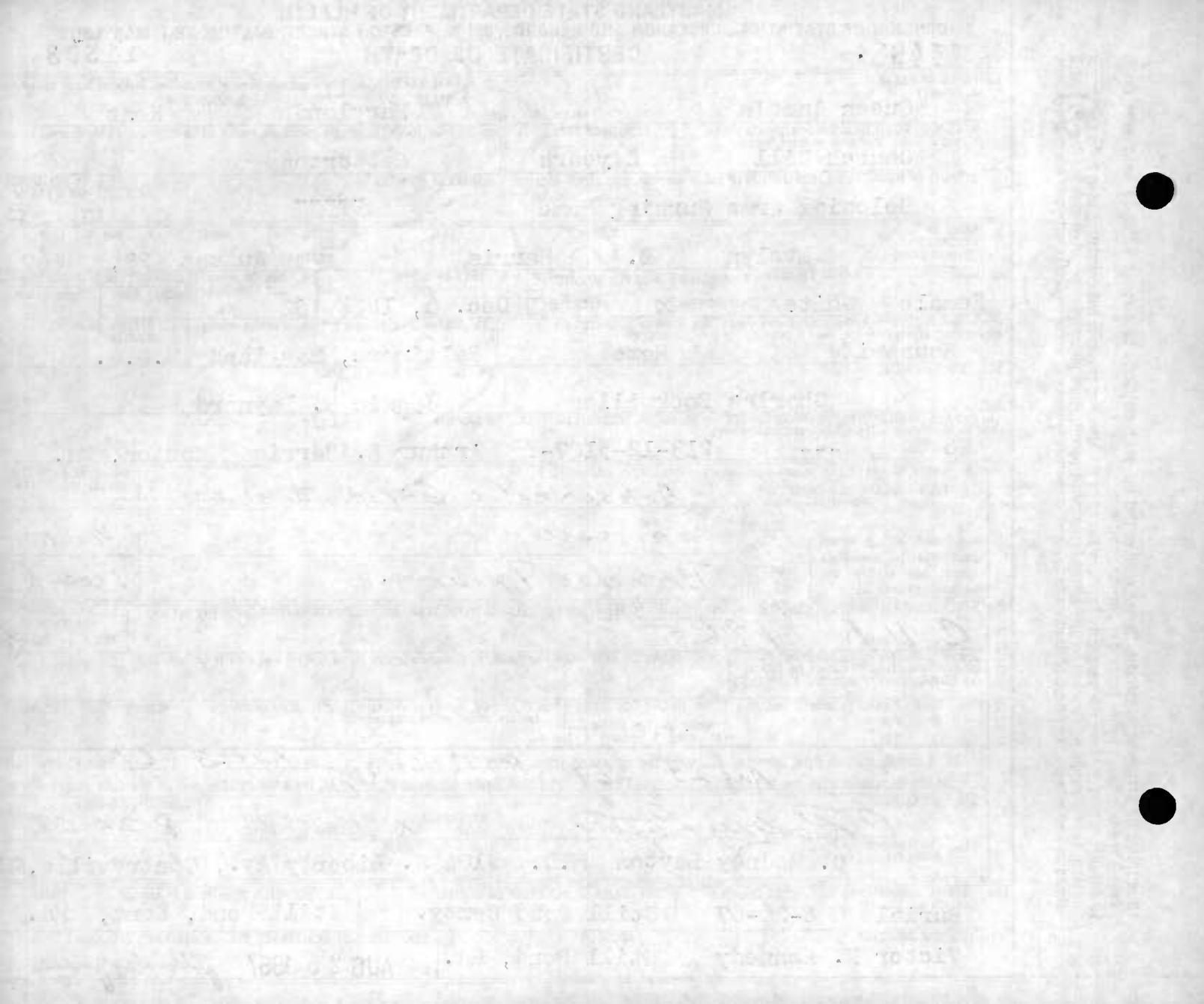
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11498.

CERTIFICATE OF DEATH

11503

1. PLACE OF DEATH a. COUNTY Queen Anne's MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Kent													
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill c. LENGTH OF STAY IN 1b 2 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Betterton d. STREET ADDRESS -----													
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Colonial Arms Nursing Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
3. NAME OF DECEASED (Type or print) Evelyn B. Harris		First Evelyn	Middle B.	Last Harris	4. DATE OF DEATH August 23, 1967	Month August	Day 23	Year 1967							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 6, 1884	9. AGE (In years last birthday) 82 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS Days 0	12. IF UNDER 24 HRS Hours 0	Min. 0							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (County & State, or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13. FATHER'S NAME Charles Bockmiller		14. MOTHER'S MAIDEN NAME Jessie H. Baynard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213-12-5187-T			17. INFORMANT Arthur L. Harris	Address Worton, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterosclerotic Cardio Vascular disease</i> DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) <i>Bronchitis Pneumonia</i> DUE TO (c) <i>1 week</i>									INTERVAL BETWEEN ONSET AND DEATH 1 year						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>C.V.A 1965</i>									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>							20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. Aug 23 1967		20d. INJURY OCCURRED While at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work	20f. (City or town) Still Pond	(County) Kent	(State) Md.
21. I certify that (I) (this hospital) attended the deceased from Aug 17, 1967 , to Aug 23, 1967 , that (I) (we) last saw the deceased alive on Aug 23, 1967 , and that death occurred at Still Pond , M, from the causes and on the date stated above.									22a. SIGNATURE <i>Rodney Layton</i>	22b. DATE SIGNED 8-24-67					
22c. PHYSICIAN'S NAME (Type) C. Rodney Layton M.D.		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS 104 S. Liberty Av., Centreville, Md.													
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 8-26-67		23c. NAME OF CEMETERY OR CREMATORIUM Still Pond Cemetery.		23d. LOCATION (City, town or county) Still Pond, Kent, Md.									
24. FUNERAL DIRECTOR Victor N. Kennedy		ADDRESS Still Pond, Md.		25a. REC'D BY REGISTRAR DATE AUG 25 1967		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>									



11504

FOR STATE
HEALTH DEPT.

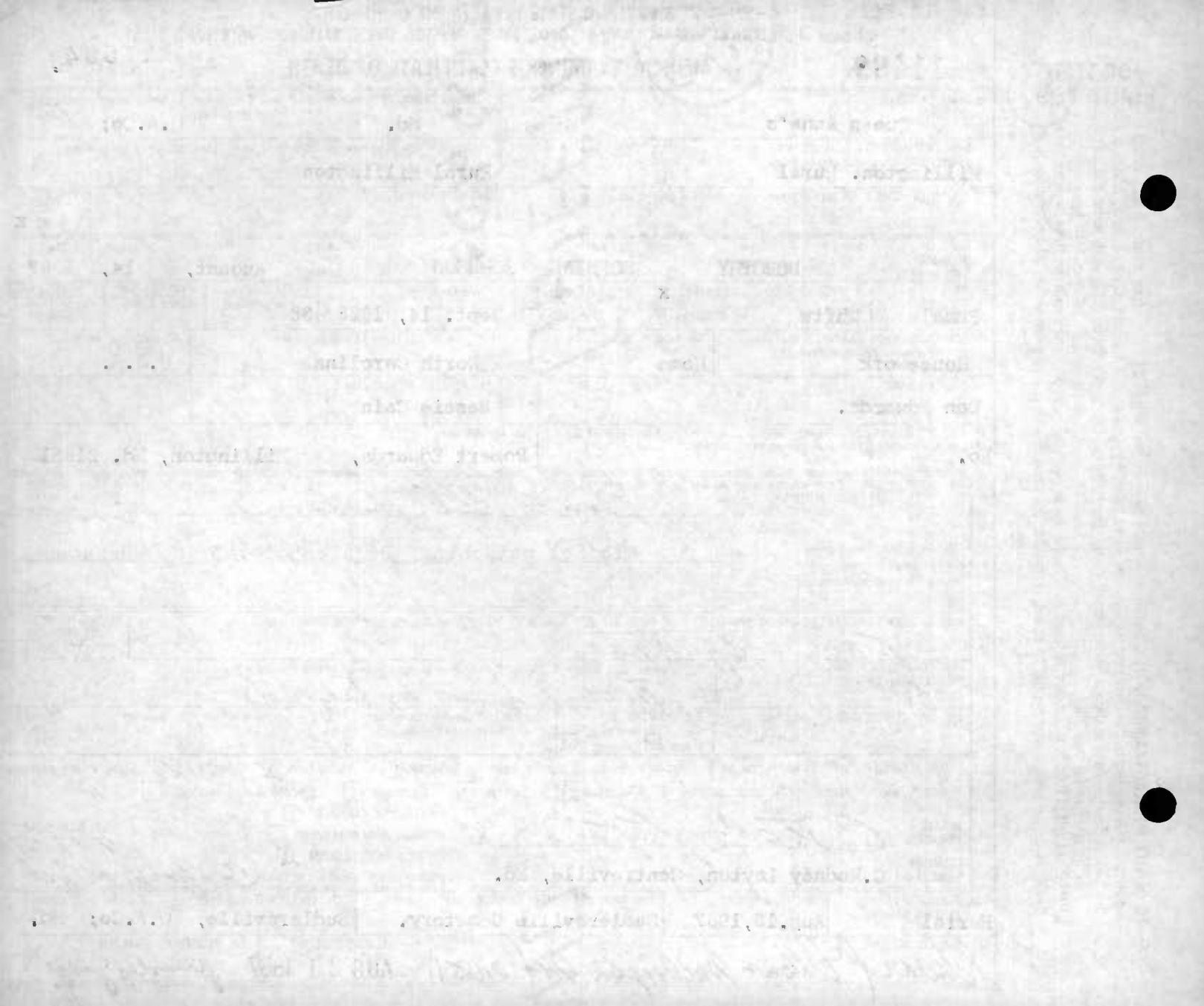
11499

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of death. If any delay is necessary, please execute the certificate, writing the word "pending," in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Queen Anne's		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md.		b. COUNTY Q.A.Co;		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington, Rural		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Millington		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS		17-1		
3. NAME OF DECEASED (Type or print)		First DOROTHY	Middle SOPHIA	Last JOHNSON	4. DATE OF DEATH Sept. 14, 1928	Month August,	Doy 14,	Year 19 67
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED <input type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH Sept. 14, 1928	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	
10. DO: USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Dan Edwards.				14. MOTHER'S MAIDEN NAME Bessie Cain				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>		16. SOCIAL SECURITY NO. No.		17. INFORMANT Robert Edwards,		Address Millington, Md. 21651		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 880.9 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Known Epileptic				<i>Acute Alcoholism</i>		INTERVAL BETWEEN ONSET AND DEATH Unknown		
(b) DUE TO Alcohol poisoning Bl alcohol .43								
(c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Brought home by friends								
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Known Epileptic		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Sudlersville Cemetery.		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20f. (City or town) (County) (State)						
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE C. Rodney Layton		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22. DATE SIGNED 9-18-67		
EXAMINER'S NAME (Type) C. Rodney Layton, Centreville, Md.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Aug. 18, 1967		23c. NAME OF CEMETERY OR CREMATORIAL Sudlersville Cemetery.		23d. LOCATION (City or Town) (County) (State) Sudlersville, Q.A.Co; Md.		
24. FUNERAL DIRECTOR Edward Wilson Millington Md. 21651		ADDRESS		25a. REC'D BY REGISTRAR Charles Judge		25b. REGISTRAR'S SIGNATURE Charles Judge		
				DATE AUG 21 1967				



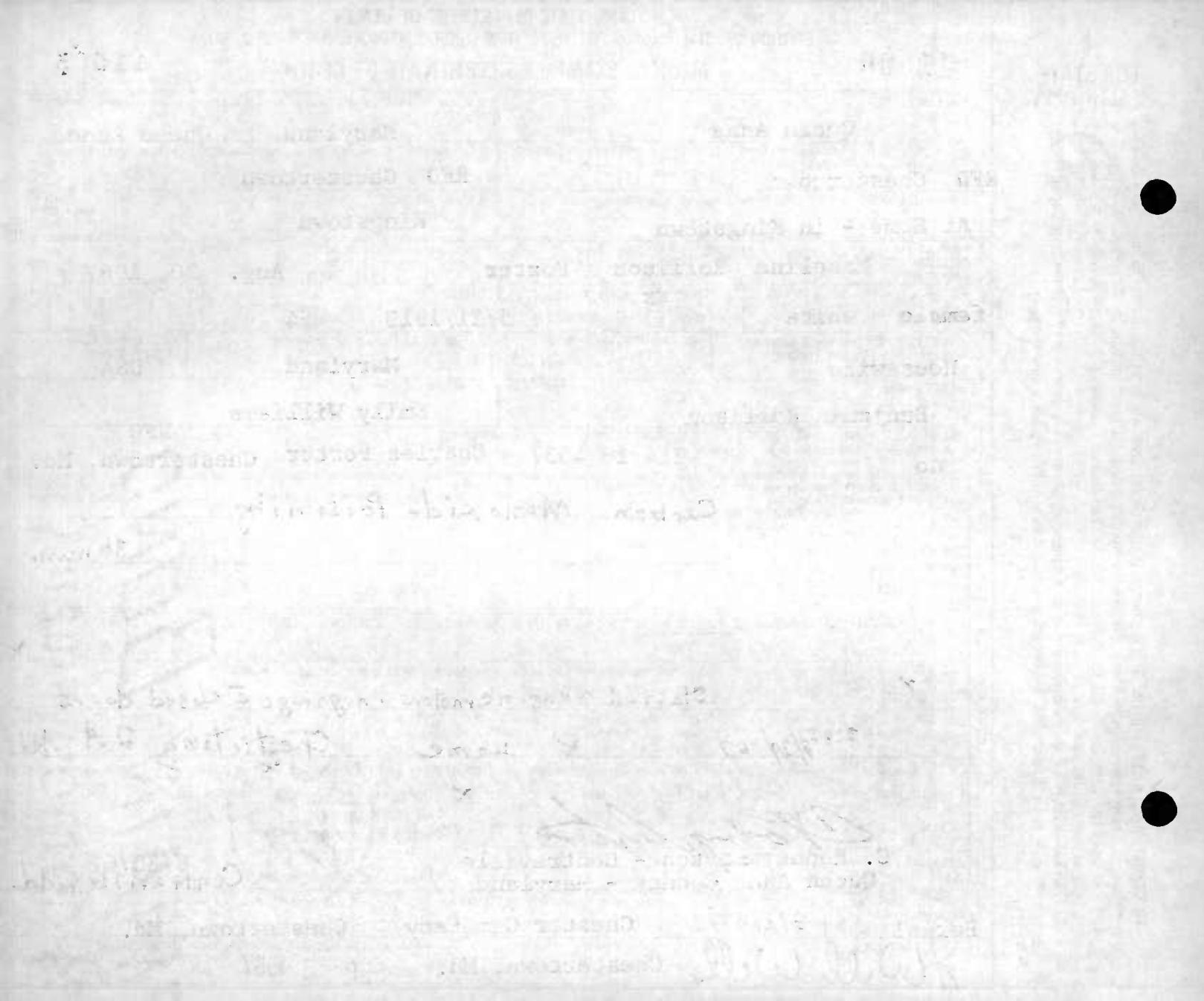
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm ¹¹⁵⁰⁵ Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

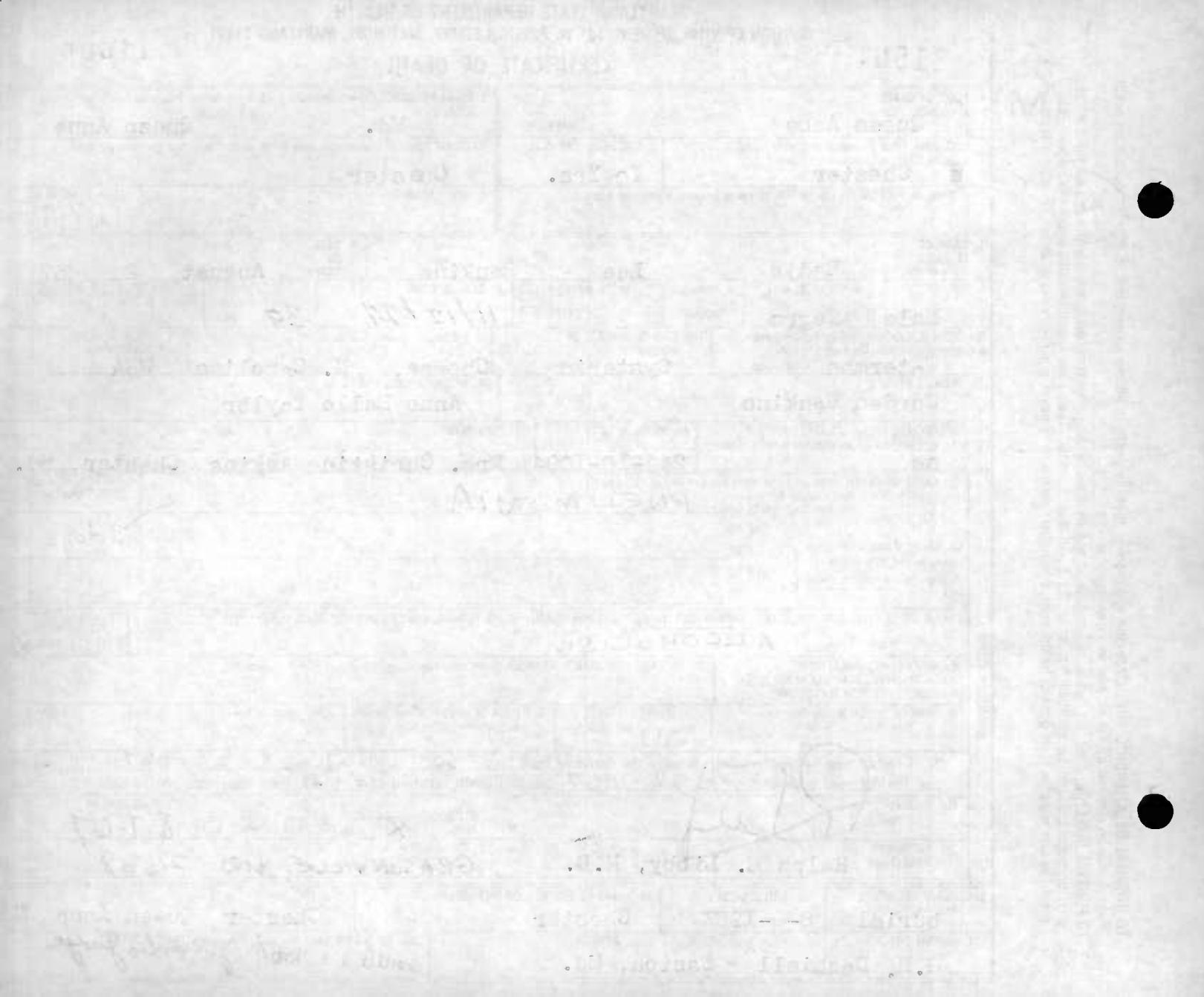
MEDICAL EXAMINER'S CERTIFICATE OF DEATH				11505			
<p>1. PLACE OF DEATH o. COUNTY Queen Anne MARYLAND</p> <p>b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN lb RFD Chestertown</p> <p>d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) At Home - in Kingstown</p>				<p>2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Maryland Queen Anne</p> <p>c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RFD Chestertown 17.1</p> <p>d. STREET ADDRESS Kingstown</p> <p>e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>			
3. NAME OF DECEASED (Type or print)		First Madeline	Middle Rollison	Lost	4. DATE OF DEATH	Month Aug.	Doy 30, 1967
S. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH	9. AGE (In years lost birthday) yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days Hours Min.
female	white			5/21/1913	54		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Benjamin Rollison				14. MOTHER'S MAIDEN NAME Emily Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) no			16. SOCIAL SECURITY NO. 214 18 4537	17. INFORMANT Charles Porter	Address RFD	18. DECEASED'S ADDRESS Chestertown, Md.	
<p>1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning DUE TO 9731</p> <p>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) DUE TO 30 min.</p>							
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>							
<p>20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. Started 3 enginemotors in garage & closed doors</p>							
20c. TIME OF INJURY Month, Day, Year Hour o.m. 3:45 p.m. 8/30/1967		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	20f. CITY OR TOWN (County) (State) Chestertown 2.A.M.			
<p>21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and in my opinion death resulted from: Natural causes <input type="checkbox"/>, Accident <input type="checkbox"/>, Suicide <input checked="" type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined manner <input type="checkbox"/></p>							
<p>ACTUAL SIGNATURE C. Rodney Layton M.D.</p>							
<p>EXAMINER'S NAME (Type) C. Rodney Layton - Centreville Queen Anne County - Maryland</p>							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 9/1/67	23c. NAME OF CEMETERY OR CREMATORIAL Chester Cemetery	23d. LOCATION (City or Town) (County) (State) Chestertown, Md.			
24. FUNERAL DIRECTOR J. Willis Wells		ADDRESS Chestertown, Md.	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE Charles Judge			
<p>DATE SEP 5 1967</p>							



1 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

11 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, which should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201												11506	
CERTIFICATE OF DEATH													
1. PLACE OF DEATH o. COUNTY Queen Anne MARYLAND						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Md. b. COUNTY Queen Anne							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester			c. LENGTH OF STAY IN lb 10 Yrs.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester			d. STREET ADDRESS 17-1			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)													
3. NAME OF DECEASED (Type or print)			First Eddie	Middle Lee	Last Rankins	4. DATE OF DEATH August 2 1967			Month August	Doy 2	Year 1967		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED <input type="checkbox"/>	NEVER MARRIED <input checked="" type="checkbox"/>	DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 11/12/1927	9. AGE (In years last birthday) yrs. 39	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman			10b. KIND OF BUSINESS OR INDUSTRY Oysterling			11. BIRTHPLACE (County & State, or foreign country) Chowee, N. Carolina			12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Jordan Rankins						14. MOTHER'S MAIDEN NAME Anna Belle Taylor							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No			16. SOCIAL SECURITY NO. 244-10-1094			17. INFORMANT Mrs. Christine Askins			Address Chester, Md.				
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)												INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA												3 days	
493X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO _____ (c) _____ DUE TO _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ALCOHOLISM												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) AUTO ACCIDENT										
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) GRASONVILLE MD.			20f. (City or town) (County) (State) GRASONVILLE MD. 21638				
21. I certify that (I) (this hospital) attended the deceased from 7-30 , 19 67 , to 8-2 , 19 67 , that (I) (we) last saw the deceased alive on 7-30 , 19 67 , and that death occurred at 5:30 AM , from causes and on the date stated above.													
22a. SIGNATURE Ralph E. Libby, M.D.												22b. DATE SIGNED 8-7-67	
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS GRASONVILLE MD. 21638										
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE THEREOF 8-6-1967			23c. NAME OF CEMETERY OR CREMATORIAL Chester			23d. LOCATION (City or Town) (County) (State) Chester Queen Anne Md.				
24. FUNERAL DIRECTOR G.H. Dashiell						ADDRESS Easton, Md.			25a. REC'D BY REGISTRAR DATE AUG 11 1967			25b. REGISTRAR'S SIGNATURE Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT.

1
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

2
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

11502

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11507

1. PLACE OF DEATH a. COUNTY <i>QUEEN ANNE'S MARYLAND</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>MARYLAND</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>CENTREVILLE</i>		c. LENGTH OF STAY IN lb <i>most of life</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>JAMES OSCAR SPARKS</i>		First	Middle
S. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FARM OWNER</i>	
13. FATHER'S NAME <i>WALTER SIMPLER SPARKS</i>		14. MOTHER'S MAIDEN NAME <i>MINNIE McCLEMENT</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>217-36-0756</i>	
17. INFORMANT <i>Son</i>		18. BIRTHPLACE (State or foreign country) <i>CENTREVILLE Q.A.C. MD USA</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
22. DATE SIGNED <i>P-15-67</i>		23. ACTUAL SIGNATURE <i>C.R. Layton</i>	
24. EXAMINER'S NAME (Type) <i>C. R. Layton</i>		25. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
26. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		27. DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
28. ADDRESS <i>1011 Bostwick, Centreville, Md.</i>		29. LOCATION (City or town) <i>Centreville, Q.A.C. Md.</i>	
30. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		31. DATE THEREOF <i>August 16, 1967</i>	
32. NAME OF CEMETERY OR CREMATORIUM <i>Chesterfield Cemetery</i>		33. LOCATION (City or town) <i>Centreville, Q.A.C. Md.</i>	
34. FUNERAL DIRECTOR <i>John H. Baileys, Baileys, Centreville, Md.</i>		35. REG'D BY REGISTERED <i>DAUG 17 1967</i>	
36. ADDRESS <i>1011 Bostwick, Centreville, Md.</i>		37. DATE RECEIVED <i>17-1</i>	

